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(to be used for all correspondence after initial filing)	Examiner Name	Shirley V. Gembeh		
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E	ENCLOSURES (Check all	that apply)		
Fee Transmittal Form	Drawing(s)	After Allowance Communication to	TC	

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ENCLOSURES (Check all that apply)										
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		After Final			Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer	eation			etary Information	
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Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53				Remarks The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-1075, (Order No. 004049-0015-103).						
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Printed	Printed name Barbara Ruskin									
Date December 11, 2008			Reg. No. 39,350							
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